



## HP EDI Submitter Update Form

### A. IDENTIFICATION INFORMATION (Required fields indicated by asterisk\*)

\*Please indicate your Provider Business Name:

Please indicate your provider ID (If applicable):

\*Please indicate HP EDI Trading Partner ID. Your trading partner ID was issued to you at the time of enrollment with HP EDI. You may find this ID on your HP EDI Logon Welcome form).

### B. CONTACT INFORMATION

\*Please update the contact person for your business. (This should be the person to contact if we have questions concerning this request?)

Contact individual:

First Name

Last Name

Contact  
Phone/Fax/Email

### C. SPECIAL REQUEST

**Please select the option that best fits your request and sign below in section D. (Check all that apply)**

☐ I am no longer interested in being an EDI trading partner with Georgia Medicaid/PeachCare for Kids.

Please discontinue my trading partner profile. My HP EDI Web logon name and user ID are as follows:

SFTP User Name:		SFTP User ID:	
Web User Name:		Web User ID:	
PES User Name:		PES User ID:	

☐ I wish to change my method of transmission as indicated below:

Action	Transaction Method
<input type="checkbox"/> Remove	
<input type="checkbox"/> Add	

☐ I wish to change my transaction types as indicated below:

Action	Transaction Type(s)
<input type="checkbox"/> Remove	
<input type="checkbox"/> Add	

(You may attach additional sheet( if necessary)

☐ Other:

### D. \*PLEASE SIGN AND DATE BELOW (required)

Signature of Requester: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed form to

Attn: HP EDI Enrollment  
P.O. Box 105201  
Tucker, GA. 30085-5201